STD Epidemiology Summary: Rhode Island, 2005

SYPHILIS: The year 2004 marked the fourth year in a row that there was a rise in the number of cases of primary and secondary syphilis in the United States with a 11% increase from 2003 to 2004 and an increase of 34% from 2000 to 2004. Increases of primary and secondary syphilis among men who have sex with men (including bisexuals) of all races have been noted to be associated with outbreaks in large cities, such as Chicago, Los Angeles, New York City, San Francisco, Seattle and Miami.

Rhode Island, like many other parts of the country, has also seen an increase in the reports of infectious syphilis, which comprises primary, secondary and early-latent syphilis. In 2004, Rhode Island's rate of primary and secondary syphilis ranked fourteenth in the nation at 2.4 cases/100,000 people. In 2005, the Rhode Island rate of primary and secondary syphilis decreased to 2.3 cases / 100,000 people.

Overall, there were 29 cases of infectious syphilis statewide in 2005, a decrease of 29.3% over the 41 reported cases in 2004. Even with this significant decrease, it is still a 480% increase in infectious syphilis from the number of cases reported in 2000. Twenty-two of the twenty-nine reported cases (75%) were male and fourteen of those twenty-two cases (64%) were men who have sex with men . Of the latter, two were self reported to be HIV positive. Unlike gonorrhea and chlamydia, where infection is distributed mostly among the 15-24 year old population, the cases of infectious syphilis reported in Rhode Island had an average age of 35 years old.

Infectious Syphilis Cases
Rhode Island
2000 - 2005

	2000		2001		2002		2003		2004		2005	
	#	Rate*	#	Rate*	#	#	Rate*	Rate*	#	Rate*	#	Rate*
Statewide	5	0.5	12	1.1	22	2.2	40	3.8	41	3.9	29	2.8
Core Cities (Providence, Pawtucket, Central Falls)	2	0.8	9	3.4	16	6.0	21	7.9	30	11.3	16	6.0
Average Age	32	--	39	--	34	--	37	--	35	--	37	--
Hispanic	1	1.1	0	0	8	8.8	3	3.3	13	14.3	8	8.8
Black	3	7.2	2	4.8	2	4.8	7	16.7	4	9.5	7	16.7
White	1	0.1	10	1.2	12	1.4	27	3.1	24	2.8	14	1.6

	2000		2001		2002		2003		2004		2004	
	#	%	#	%	#	#	%	%	#	%	#	%
Males	**3**	**60.0**	**11**	**91.7**	**17**	**25**	**61.0**	**72.5**	**25**	**61.0**	**22**	**75.0**
Males who were MSM's	Unk.	--	3	27.3	12	16	64.0	65.5	16	64.0	14	63.6
MSM's who are self-reported HIV+	Unk.	--	2	66.7	6	3	18.8	63.2	3	18.8	2	15.4
Females	**2**	**40.0**	**1**	**8.3%**	**5**	**16**	**39.0**	**27.5**	**16**	**39.0**	**7**	**25.0**
Women who had sex in exchange for money/drugs	---.	--	--	--	0	5	31.3	54.5	5	31.3	2	28.6

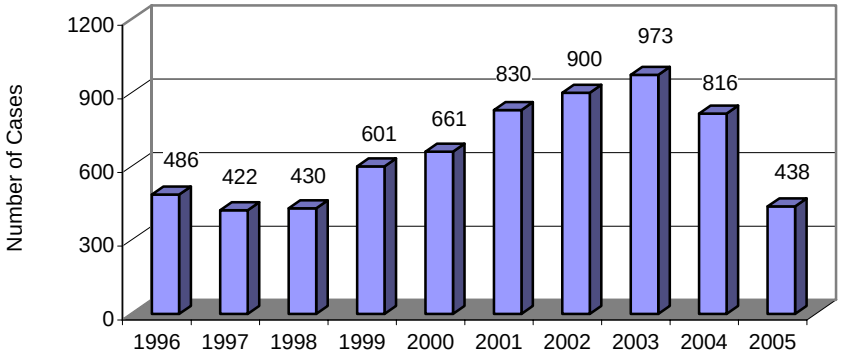
* Rates are expressed as cases/100,000 population. Rates are based on the 2000 Rhode Island population as calculated by the U.S. Bureau of the Census.

GONORRHEA: The year 2005 marked the second year in a row where the number of gonorrhea case in Rhode Island declined when compared to the previous year. There were 438 cases of gonorrhea reported in

2004 compared to 816 cases in 2004. This corresponds to an 46% decrease in the number of cases reported to HEALTH from 2004 to 2005 and an overall decrease of 55% when compared to the 973 cases reported in 2003.

The reason for the sudden decrease in the reported cases of gonorrhea since 2003 in unclear. One theory could be that with the increased use of sensitive tests beginning in the late 1990's, along with increased STD screening in females lead to increased gonorrhea case finding, especially those cases who were asymptomatic. This corresponds to the time that the number of reported gonorrhea cases in Rhode Island

Reported Cases of Gonorrhea,
Rhode Island, 1996-2005



began to increase and reached a peak in 2003. Over time, the pool of asymptomatic gonorrhea carriers has decreased due to the screening activities of the last decade and in turn has lead to a lower rate of transmission of gonorrhea within Rhode Island.

CHLAMYDIA: There were 3,169 cases of chlamydia reported to HEALTH in 2005. This represents a 8% decrease from the 3,442 cases reported in 2004, which was the highest number of chlamydia cases reported in a year since it became a reportable disease in Rhode Island. Like in past years in Rhode Island, females accounted for approximately three-quarters of the chlamydia cases. The discrepancy between males and females is more than likely due to the increased use of screening for chlamydia in females rather than the lack of infections in males.

Reported Cases of Chlamydia,
Rhode Island, 1996-2005